

SERFF Tracking Number: SHPT-127052240 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 48104
Company Tracking Number:
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: STONEBRIDGE LTC ANNUAL RESCISSION REPORT_2010
Project Name/Number: /

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: STONEBRIDGE LTC ANNUAL RESCISSION REPORT_2010
SERFF Tr Num: SHPT-127052240 State: Arkansas

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 48104
For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Filed-Closed
Filing Type: Form Reviewer(s): Harris Shearer,
Stephanie Fowler
Author: Kim Helsley Disposition Date: 03/02/2011
Date Submitted: 02/25/2011 Disposition Status: Accepted For
Informational Purposes
Implementation Date: Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: New Submission Overall Rate Impact:
Filing Status Changed: 03/02/2011
State Status Changed: 03/02/2011 Deemer Date:
Created By: Kim Helsley Submitted By: Kim Helsley
Corresponding Filing Tracking Number:
Filing Description:
STONEBRIDGE LTC ANNUAL RESCISSION REPORT_2010

Company and Contact

Filing Contact Information

Kimberly Helsley, Paralegal khelsley@shipltc.com
1289 West City Center Dr. 317-566-7564 [Phone]
STE. 200 317-566-7585 [FAX]

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 Project Name/Number: /
 Carmel, IN 46032

Filing Company Information

Stonebridge Life Insurance Company	CoCode: 65021	State of Domicile: Indiana
1289 West City Center Dr.	Group Code:	Company Type: Long Term Care Insurance
Carmel, IN 46032	Group Name:	State ID Number:
(317) 566-7522 ext. [Phone]	FEIN Number: 03-0164230	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$0.00	02/25/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Rosalind Minor	03/02/2011	03/02/2011

SERFF Tracking Number: *SHPT-127052240* *State:* *Arkansas*
Filing Company: *Stonebridge Life Insurance Company* *State Tracking Number:* *48104*
Company Tracking Number:
TOI: *LTC06 Long Term Care - Other* *Sub-TOI:* *LTC06.000 Long Term Care - Other*
Product Name: *STONEBRIDGE LTC ANNUAL RESCISSION REPORT_2010*
Project Name/Number: */*

Disposition

Disposition Date: 03/02/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SHPT-127052240 State: Arkansas

Filing Company: Stonebridge Life Insurance Company State Tracking Number: 48104

Company Tracking Number:

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Product Name: STONEBRIDGE LTC ANNUAL RESCISSION REPORT_2010

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	Arkansas STONEBRIDGE ANNUAL LTC RESCISSION REPORT_2010	Accepted for Informational Purposes	Yes

SERFF Tracking Number: SHPT-127052240 State: Arkansas
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Product Name: STONEBRIDGE LTC ANNUAL RESCISSION REPORT_2010
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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Accepted for Informational Purposes	03/02/2011
Bypass Reason:	Not Applicable, company is filing the required LTC Annual Rescission Report for year ending 2010.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Accepted for Informational Purposes	03/02/2011
Bypass Reason:	Not Applicable, company is filing the required LTC Annual Rescission Report for year ending 2010.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Accepted for Informational Purposes	03/02/2011
Bypass Reason:	Not Applicable, company is filing the required LTC Annual Rescission Report for year ending 2010.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Accepted for Informational Purposes	03/02/2011
Bypass Reason:	Not Applicable, company is filing the required LTC Annual Rescission Report for year ending 2010.		
Comments:			

Item Status:	Status
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Satisfied - Item: Arkansas STONEBRIDGE
ANNUAL LTC RESCISSION
REPORT_2010
Date: Accepted for Informational 03/02/2011
Purposes

Comments:

STONEBRIDGE AUTHORIZATION FOR SHIP TO FILE IS ATTACHED.

Attachments:

AR 2010_Stonebridge_Rescission_Cover_Letter_Part11.pdf
AR_Stonebridge_Rescission_2010.pdf
Stonebridge TPA Filer Authorization Letter.pdf

STONEBRIDGE LIFE INSURANCE COMPANY

as Administered by Senior Health Insurance Company of Pennsylvania

P.O. Box 64913 · St. Paul, MN 55164

Telephone: 1-877-450-5824



February 17, 2011

State of Arkansas
1200 West Third St.
Little Rock, Arkansas 72201

Re: Annual Long Term Care Rescission Report
Reporting Year: 2010
Reporting Company: Stonebridge Life Insurance Company
NAIC: 65021

Dear Sir or Madam:

Please accept this Letter as the Official Report for each of the above-referenced Company for the year 2010.

Attached is our response to the annual Rescission Reporting Form for Long-Term Care policies in your state.

Should you have any questions or concerns, please do not hesitate to contact me Kimberly Helsley, 317-566-7564, or via e-mail at khelsley@shipltc.com.

Respectfully submitted,

A handwritten signature in cursive script that reads 'Kimberly J. Helsley'.

Kimberly Helsley
Paralegal

**RESCISSION REPORTING FORM FOR
LONG-TERM CARE POLICIES
FOR THE STATE OF
FOR REPORTING YEAR**



Company: _____
NAIC #: _____
Address: _____

Phone #: _____

DUE: MARCH 1ST ANNUALLY

Policy Form #	Policy and Certificate #	Name of Insured	Date of policy Issuance	Date/s Claim/s Submitted	Date of Rescission

Detailed reason for rescission:

Kimberly J. Helsley

Signature

Name and Title

Date



Administrative Office | 520 Park Avenue | Baltimore | Maryland 21201-4500

February 19, 2010

Ms. Trudy Jackson
LTC Operations Business Analyst
Senior Health Insurance Company of Pennsylvania (SHIP)
1289 West City Center Drive, Ste. 200
Carmel, IN 46032

Re: Annual Long Term Care Reports NAIC # 65021

Dear Ms. Jackson:

Please accept this letter as authorization from Stonebridge Life Insurance Company for Senior Health Insurance Company of Pennsylvania (SHIP) to file any long term care reports with any state or jurisdiction as referenced on the attached state listing on behalf of Stonebridge Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael L. Wilson'.

Michael L Wilson
Vice President – Stonebridge Life Insurance Company

States/Jurisdictions
Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
Guam
US Virgin Islands